

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistence in completing this form, see instructions on the reverse side.

(CFA-4) Summary Sheet

FILE NUMBER TOTAL PAGES IN ENTIRE OFA - REPORT

IS THIS AN AMENDMENT?   Yes	L				
COMMETER INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	ame				
Committee To Elect David K. Baird					
2. Acronym or Abbrevlated Name (Il any)	3. Commit	rnitiee Telephone Number			
5. Maniful of American contract of the Additional Contract of the Additiona	(317) 632-3359				
4. Mailing Address (eddress where all campaign finance correspondence is received)   Cr	neck If this is	s a new address			
1421 N. Tremmt St					
	6. Party Affiliation (If applicable)				
S. City, State, ZIP code Andrana Palis, Judiana 46222	Dom	porat			
CANDIDATE INFORMATION (Lot Candidato & Ca	ommetee	s Cniy,			
7. Full Name of Candidate (Include any nickname)	8. Party A	Milation or If Independer	rt Candidate		
David King Baird	Den	necrat			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	y of Residence				
Wayne Townskip Trustee	Mar				
TYPE OF REPORT		CNV: N-IC	NICANDIDATES ONLY		
11. Check one:		Check one:	1		
Pre-Primary Pre-Election Amnual Nomination Other	<del></del>	Pre-Conv			
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement of	(Organization)	Post-Cor	vention		
12. Reporting Period:		CO GIAN A	CID UNIN FI 7 on to flate		
From: April (2, 2005 Through: December 31, 201	15	This behald	1 (20 (30 (22))		
13. Cash on hand and investments at the beginning of this reporting period.		393.1千			
14. Cash on hand and investments January 1, current year.					
CONTRIBUTIONS AND RECELLY S	,				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		<b>9</b> *			
15a. Itemized (use Schedule A)		Ø.			
15b. Uniterrized 15c. Add lines 15a and 15b in both columns SUBT	TOTAL	- B -			
TOC. ACID lines TOS SELL TOP IN DOCTORISMS	TOTAL	393.17			
16. Add lines 13 and 100 in Court of Alto lines 14 and 100 in Court			l		
EXPENDITURIES					
(Note: These amounts include in-kind expenditures and loan repayments.)		۵			
17s. Itemized (use Schedule B) (Public Question: use Schedule C)	<del></del>	0	<del></del>		
17b. Unitermized	STOTAL	<del>5</del>	<del>                                     </del>		
The Parameter II a serie 170 at 100 a	TOTAL	202.121	39317		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 18 in botto columns)	10174	45613	9 7 7 7 1		
19. Debts OWED BY the committee (use Schedule D)	+	774.17.			
20, Debis OWED TO the committee (use Schedule E)					
CERTIFICATION			FOR OFFICE USE ONLY		
I CERTIFY THAT I HAVE FRAMINED THIS STATEMENT, TO DIE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRE	CT AND COMPLETE.	' 'LED		

Dete 19-2016 JAN 19 2016
Deate 1-19-2016 Myla a Elevelye

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the indiana comment. If the content of the conten



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## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period, include all amounts owed for or to land institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the catendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME A MANING ALURESS (sheet number, city, state, Z <sup>ID</sup> code,	ENDORSER'S OR VENDOR'S MAME & MA'L NG ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-I C-DATE	OUTSTANDING BALANCE THIS PERIOD
aved King Beird		45613	5/1/14	456.13	4367
avid King Beird 421 N. Tremont St. and campols, h. 46222	,	Van la	<u> </u>		
		committee.			
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NDER'S COCUPATION				<u> </u>	
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ENDER'S OCCUPATION				<u> </u>	-
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ENDER'S DCCUPATIONS					
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LENDER'S OCCUPATION		+	1		
LENDER'S COCUPATION					
·	1				
LENDER'S OCCUPATION				SE OF SCHEDULE	
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